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Original Communications.

REPORT ON THE CASES OF PNEUMONIA
TREATED IN THE BOSTON CITY HOSPI-
TAL FROM ITS OPENING, JUNE 1, 1864,
UNTIL FEBRUARY 8, 1868.Read before the Boston Society for Medical Improvement,
March 23d, 1868, by J. N. BORLAND, M.D.

The accompanying table presents the history of 90 cases of pneumonia which have been treated during their respective terms of service by the Visiting Physicians of the Boston City Hospital, from the opening of that Institution on June 1st, 1864, until February 8th, 1868.

These cases I have taken in their regular sequence, according to their dates, from the Medical Record Books, and I have rejected from the series all cases which were in any ways doubtful as to their true diagnosis; and also all of those cases, of which there have been several, where the patients were brought to the Hospital either by their friends, or by the police, in a moribund condition. I have included cases that were complicated with other diseases, but only such as were treated for pneumonia primarily and chiefly.

An examination of this Table shows us the following points of interest.

Sex.—Of these 90 cases, 57 were males, 33 females.

Nationality.—But 30 were born in North America, four of these being Canadians. Of the remainder, 52 were Irish, 3 Germans, 2 English, 1 Swede, 1 Frenchman, 1 Italian. This point of nationality is interesting in its relations to the open questions of acclimatization of emigrants.

Occupation.—In persons employed as servants, or leading in otherways sheltered or sedentary lives, there were 39 cases. Of those whose occupations necessarily exposed them at times to rather high degrees of heat, and in some instances to moisture, there were 7 cases. The remaining 44, occurred in those classes whose modes of life caused them to be more or less exposed to open weather.

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Age.—The average age of the males, was 31 years, 8 months; of the females, 30 years, 4 months; that of both sexes was 31 years, 2 months. From the age of 1 to 10 years, there was 1 case—a female; from 10 to 20 years, there were 8 cases—4 being females; from 20 to 30 years, there were 43 cases—15 being females; from 30 to 40 years, there were 17 cases—6 being females; from 40 to 50 years, there were 9 cases—3 being females; from 50 to 60 years, there were 10 cases—3 being females; from 60 to 70 years, 1 case—a male; from 70 to 80 years, 1 case—a female.

Admissions.—If I include with the cases in the table about 10 which I rejected for reasons previously stated, we shall have a total of 100 cases of pneumonia, admitted up to 8th of February last, at which date there had been a total of 2,076 medical patients, being about 5 per cent. of the whole; this may be taken as an approximation to the amount of pneumonia in the sick, seeking hospital relief. These 90 cases were admitted, according to seasons, as follows: in the winter months, 31—viz., in December 14, in January 9, in February 8; in the spring months, 17—in March 10, in April 4, in May 3; in the summer months, 12—in June 1, in July 3, in August 8; in the autumn months, 30—in September 6, in October 10, in November 14.

Duration.—In these cases I have computed, as accurately as could be ascertained, the duration of the disease from its commencement; that is, from the rigor until its entire disappearance, covering the term of convalescence as well as the mere period of activity. This gives an average of 39½ days. The average duration of stay in the hospital was 28 days.

Results.—These cases resulted as follows:—49 males and 27 females were discharged well; 1 male, 1 female relieved; 7 males and 5 females—or 12 in all, being 7½ per cent.—died. In J. H. Bennett's clinical lectures, he gives a tabulated series of all the cases of acute pneumonia which for sixteen years he had personally treated in the clinical wards of the Royal Infirmary

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at Edinburgh, and gives as his results a mortality of 1 in 32 $\frac{1}{2}$, and in all the uncomplicated, whether single or double, not one died, his series being 105 in number. With such results attained by Dr. Bennett, one turns naturally to the 12 fatal cases which I have tabulated, to see if any cause can be found for such a difference.

Case 1 was that of a girl of feeble health, with apparent tendency to pulmonary hæmorrhage, had been sick three weeks, and was much enfeebled at entrance.

Case 10 was one of double pneumonia, and was progressing in a perfectly satisfactory manner, when she was attacked with cerebro-spinal meningitis, which resulted fatally in twenty-eight hours.

Case 26 was one of single disease, located in the upper half of the left lung, and was complicated with phthisis and fatty degeneration of the kidneys.

Case 33 was one of extensive double pneumonia, sick twenty-one days before entrance, and complicated with pleurisy and probably with phthisis.

Case 41 was one of mild single pneumonia, complicated possibly with phthisis, dying unexpectedly and suddenly, with symptoms strongly suggesting embolism.

Case 44 was admitted for chronic rheumatism and great debility after privation, having been made prisoner by Semmes, in the late war. The disease supervened on these complications.

Case 50 was an uncomplicated case of extensive double pneumonia; entered on the eighteenth day of the disease, and died on the twenty-third.

Case 52, after two days residence in the hospital, died on the ninth day of the disease; was complicated with typhoid fever.

Case 67, double; complicated with surgical injury and pleurisy.

Case 68, double; uncomplicated and very extensive.

Case 73, double; admitted on twenty-first day of illness and died on twenty-sixth; no complication; numerous small gangrenous abscesses were found in the right lung at the autopsy.

This review shows that only 3 cases, Nos. 50, 68 and 73, were uncomplicated, a mortality of 5 per cent. of the uncomplicated total; and that 2, Nos. 10 and 41, should be taken out of this list, being, with reference to pneumonia, accidental deaths—making the true mortality for the whole series, 10.

The male case relieved was a boy, who, when allowed his clothes, he being convalescent, eloped. The female case was in a

feeble elderly woman, the disease being of a subacute character, and, when discharged, suffering from chronic bronchitis.

Locality and Amount of Disease.—In 2 cases this is not stated. Of the remainder, 42 were double, 46 single. In the double cases, 16 were stated to have the lungs equally affected; in 16 the right lung was most extensively diseased; in 10, the left. In the single cases, 28 were confined to the right side, and in 18 the left lung was diseased.

Complications.—60 cases were uncomplicated; 30 complicated, and as follows:—Phthisis in 6 cases; phthisis and bronchitis, 1 case; phthisis and pleurisy, 1 case; phthisis and fatty degeneration of the kidney, 1 case; fatty degeneration of the kidney and sub-acute rheumatism, 1 case; rheumatism, acute, 1 case; rheumatism, acute, and measles, 1 case; chronic rheumatism and debility, 1 case; debility, 2 cases; pleurisy, 3 cases; pleurisy and surgical injury, 1 case; surgical injuries alone, 3 cases; surgical injury and erysipelas, 1 case; intermittent fever, 2 cases; typhoid fever, 3 cases; acute bronchitis, 1 case; cerebro-spinal meningitis, 1 case. One case, also, was followed by pelvic cellulitis, and one by an attack of facial erysipelas. One case showed gangrenous abscesses at the autopsy.

Treatment.—The greater proportion of these cases have been treated according to the plan set forth by Dr. Bennett, by restoratives directed to further the natural progress of the disease, and supporting the vital strength, not endeavoring to cut the disease short, or to weaken the pulse or the vital powers. The general outline of this mode of nutrition and stimulation in the hospital has been as follows:—Milk always by the bedside for the patient to drink at will. Beef-tea and wine whey, given alternately, regulating the frequency by the severity of the case. In the most severe cases they are given, every two hours, three or four ounces, and, in some cases, for a while, two ounces every hour alternately; so that the patient gets from six to twelve ounces of sherry wine daily, that is, during the waking hours of the twenty-four. If there is great debility, milk punch or brandy punch is substituted for the wine whey. As soon as possible, the alcoholic stimulus is withdrawn, and is replaced by soups, &c. As soon as convalescence takes place, and the patient begins to ask for food, he is placed on a liberal diet of mixed animal and vegetable food. External applications have been made in many cases, by enveloping

the entire side affected, or both sides if necessary, in a "jacket poultice" of flaxseed meal, which is carefully attended to and always kept warm and fresh. The active symptoms over, if convalescence seems likely to be protracted from any cause, cod-liver oil, iron, quinine, &c., have been given as judged necessary. In six cases only were calomel and antimony given, all of which recovered. In no case was bleeding practised.

Finally, these cases have been treated either wholly, or in the commencement, in the following terms of service:—By Dr. J. Homans, 5 cases; Dr. W. W. Morland, 5 cases; Dr. J. P. Reynolds, 5 cases; Dr. J. H. Blake, 7 cases; Dr. J. N. Borland, 21 cases; Dr. J. B. Upham, 23 cases; Dr. F. E. Oliver, 24 cases.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
HOWARD F. DAMON, M.D.

APRIL 4th, 1868.—The Society met at the house of Dr. Read, at 8, P.M., the President, Dr. Putnam, in the chair.

Dr. Putnam communicated the following paper on Spontaneous Version and Spontaneous Evolution of the Fœtus during Labor.

Several months ago, a case of twin labor, with "spontaneous evolution," was reported by Dr. Ellis. Os uteri partially dilated; through the unruptured membranes could be felt a hand; this gradually passed on, followed by an elbow. Without rupturing the membranes, Dr. Ellis very wisely facilitated the movement, and after several hours the membranes ruptured, the breech presented, and the child was born living.

I will communicate to the Society a few somewhat similar cases—the first and third under my immediate care, the others in consultation. I would premise that Dr. Ellis's case should rather be entitled spontaneous *version*, in which case the fœtus revolves within the uterus, and any part may present; whereas, in "*evolution*," the shoulder is crowded into the outlet of the pelvis, and the acromion, under the arch of the pubes, serves as a pivot on which the trunk and lower extremities revolve.

I.—*Spontaneous Version*.—A healthy woman, aged 30; has had two children. In both, the presentation was said to have been abnormal—both stillborn. On the present occasion, the membranes broke, without

uterine pain, twelve hours before I was called. I found the right arm presenting, swollen and livid. Pains violent; rigid contraction, increased by every attempt to "turn." This happened before the days of etherization, and after having made, with the assistance of an able medical friend, every effort consistent with safety, we decided to wait and try the effect of depletion and other means. I left him in charge for three quarters of an hour, and on my return found the child just born. My friend stated that the movement began suddenly, without his agency, the shoulder receding and the breech presenting. The mother did well.

II.—*Spontaneous Cephalic Version*.—The patient had been in labor eight hours, membranes ruptured, pains active, shoulder presenting. I left her in charge of a very competent practitioner, and within half an hour the shoulder receded, the head presented, and labor quickly terminated.

III.—*Spontaneous Version at the Seventh Month; Placenta Prævia*.—Fifth pregnancy. During a week, had slight attacks of hæmorrhage without pain, when suddenly there occurred profuse hæmorrhage, with faintness; sudden violent pain; placenta and membranes thrown into vagina. Hæmorrhage then ceased. Shoulder presented, but in fifteen minutes receded; the breech came down.

IV.—*Twins; Spontaneous Evolution*.—This patient was under the care of my friend, Dr. Samuel Morrill. One child was born just as he arrived. The second presented the right arm, the head in the left iliac fossa. As the soft parts had been already dilated by the passage of the first child, and the pains were strong, we decided to await the natural efforts, and, in about ten minutes, evolution occurred. *The arm and shoulder did not recede*, but the side and hips were forced down, followed immediately by the lower extremities. No delay occurred in delivery of the head. The heart pulsated for a few minutes, but the child could not be resuscitated. Each child weighed six pounds. The mother did well. I saw the patient twenty minutes after the arm came down. The actual evolution occupied ten minutes, so that the whole process was completed in about half an hour.

Besides the instance of cephalic version above stated, three other cases have been communicated to me in which it was effected, and in one of them with ease, though it was undertaken, without much hope of success, by a gentleman not especially conver-